

Annual Report for the year ending 2004

General information and Tips

If you report to King County obtain report forms directly from King County website: www.metrokc.gov/dchs/csd/Housing/2004APR

The excel workbook containing the sheets requiring your input is in the Office 95/97 version. If you have a more recent version, such as Office XP or Office 2000, please save your completed file as a "**Microsoft Excel 97 & 5.0/95 Workbook (*.xls)**" prior to sending it to your funders.

Several of the sheets are protected. The reason for this is to help guide you through the sheet in an orderly fashion. **By using the "Tab" key**, the cursor will move from cell to cell in a logical order. When the cursor enters a cell, key in the requested information, then tab to the next cell. If you need to jump around, you can still use the arrow keys and/or the mouse. If you get lost, just hit the tab key to go to the next cell, which invites input. When you think a sheet has been completed, it might be a good idea to go back to the beginning and tab through the entire sheet again to make sure nothing was overlooked.

When you enter the **Project Name** in the 1st sheet, that name will carry forward to most of the remaining sheets. As you move from sheet to sheet, please ensure that the project name appears where it should and as it should.

Some of the sheets have calculated fields to return a running total, or some other result. These cells are protected to prevent inadvertent overwriting.

Remember as you proceed from sheet to sheet, you are likely satisfying the reporting requirements for every funder in your project. There may be portions, which stress the needs of one funder more than others, but by carefully providing all the requested information, you only need to prepare your report once.

Be sure **complete** reports including all Tables 1-6 are **submitted to all your funders** no later than the due dates stipulated in regulatory agreements. Funders do not share copies of your report—you must send a full report to each of your funders. To assist you in providing accurate and consistent information, example samples of Tables 1, 4 and 4(a)(b) are provided with annual report forms on all funder websites.

City of Seattle Office of Housing www.seattle.gov/housing

WA Housing Finance Commission www.wshfc.org

State of Washington www.cted.wa.gov

King County www.metrokc.gov

Snohomish County www.co.snohomish.wa.us

Annual Report Signature Sheet Instructions

Owner/Contractor Information section.

Reporting Period – This line requires the time frame covered by the report, such as January through December of the prior calendar year.

Today's Date – Please enter the date that the form is completed.

Project Name and Address lines – Your name for the project is entered on the Project Name line, followed by the street address of the project, not a post office box number. If your name for the Project has changed since you were funded or since your last report, include the original name in parentheses behind the new name.

Owner/Contractor Name and Address lines – The name of the organization that owns the project and/or was the developing contractor. If this information has changed, include the old information in parentheses behind the new information. Include both the street address and the mailing address, if different, in the address lines.

Property Tax ID # line- (Also known as the Assessor's Tax Parcel ID #) Enter the property tax identification number from your county or other local taxing authority on this line, whether you are required to pay property tax or not. If there is more than one, list all of them.

Please be sure that each property tax id # corresponds with the appropriate street address.

Contact Person, Phone, Fax, E-mail lines – Enter the name of the primary contact person that funding agencies should go to when discussing this project, along with that person's telephone number, fax number and e-mail address, if one is available.

Contract Identifiers

These are the specific contract or project identification numbers assigned by the funder. Since this is a joint report, include the identifier for each funding source you have, as listed.

CTED contract #: – enter the contract number of your CTED contract for this project, if applicable. If you have not used State Trust Fund or HOME monies in this project, you may not have such a contract. In that case, enter NA.

WSHFC contract #: – enter the OID/OAR# if this is a tax credit funded property, otherwise, NA.

King Co Project #: – enter the project # from the contract if you received funding from King County, otherwise, NA.

Snohomish Co Project #: – enter the project # if you received funding from Snohomish County, otherwise, NA.

Property Manager, Agency, Phone, Fax, E-mail lines – Enter the name of your property manager (if any) and that person's agency, telephone number, fax number and e-mail address, if any, on these lines. If your agency does its own property management enter that person's information on these lines. If the property manager is the contact person, enter "See contact person above" on the first line and leave the others blank.

Person Who Can Answer Questions About Report
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Name line – Enter the name of the person best able to answer questions pertaining to this annual report. This need not be the same person who prepared the report.

Position line – Enter the position title of the person best able to answer questions about this report. (Executive Director, Director of Housing, etc.)

Annual Report Signature Sheet Instructions

Address lines – Enter the mailing address for the person who can best answer questions about this annual report.

Telephone, fax, E-mail lines – Enter the telephone number, fax number and e-mail address on the appropriate lines for the person best able to answer questions about this annual report.

Report prepared by line – Enter the name of the person who actually prepared the report on this line.

Extraordinary circumstances response area – Enter brief but complete descriptive information here pertaining to unusual situations or circumstances during the report period that have had an impact on the operations of the project, especially if these circumstances resulted in negative cash flow or your project not being able to meet the contractual obligations you have to your public funders. If you need more space for your explanation, send a detailed cover letter.

Certification area – Sign and date this box, ensuring that the person so signing has authority from the board of directors to sign such documents.

Signed Hard Copy – A hard copy signed by the agency official must be submitted by mail.

Part B-Table 1 Sheet Instructions

CERTIFICATE of CONTINUING PROJECT COMPLIANCE 2004 CCPC PART B/Table 1

Tax Credit Program Specific Instructions:

These instructions apply for all funders. Some parts are Tax Credit Specific.

- 1 Enter unit number. Tax credit compliance is done on a building-by-building basis, therefore your report should be completed accordingly. Start the listing with the BIN # (Building Identification Number), the units for that building sequentially, then your next BIN # if you have multiple buildings in your project, and the units in that building, etc.

For Non Tax Credit Properties: *In non-tax credit properties, units may be apartments, single family homes or beds. Identify each unit in Column 1. Also in non-tax credit properties, please complete the report by reporting on all the activity for each unit sequentially before moving on to the next unit.*

- 2 Enter name for each household. Use a separate line for each household that occupied the unit during the reporting period (Jan. 2004 - Dec. 2004). List each household sequentially (for example: Unit 101 had 2 different households occupying Unit 101 in 2004. The first household is listed on line 1 and the second household is listed on line 2). In tax credit properties, monitoring staff must be able to identify resident(s) by name to confirm eligibility for programs. **Note:** For Market Rate Units list name, then "(Market)" in parenthesis. For Households that moved to another unit within the property, list name, then "(Moved to unit #____)" in parenthesis. DO NOT add rows for vacant periods in a unit.

For Non-Tax Credit Properties: *In non-tax credit properties, where another method of identification is used, contact your public funder for guidance. In a single family group home a household is defined as each individual resident.*

- 3 Enter date household moved in/lease start date (mm/dd/yy).
- 4 Enter date household was income certified in 2003. (If household is a new move-in during 2004 this date will be blank) (mm/dd/yy).
- 5 Enter date household was income certified in 2004 (mm/dd/yy). Enter the latest re-certification date. For Tax Credit properties, be sure to show interim re-certification dates on separate lines if applicable.
- 6 Enter date household moved out. (mm/dd/yy).
- 7 Was the unit vacant? Enter "Y" only if the unit was vacant at end of reporting period (December 31, 2004). If the unit was not vacant on December 31, 2004, leave this field blank.

- 8 **(Tax Credit Only)** Select "D" for Disabled, "L" for Large Household, "H" for Homeless, "F" for Farmworker, "T" for Transitional or select "FD", "FH", "FL", "TD", "TL" if unit qualifies for more than one set-aside. * For more information see "Explanation of WSHFC Special Needs Set-Asides/Commitments on Part B/Table 1"

Part B-Table 1 Sheet Instructions

- 9 Enter the percentage of median income for which the household is qualifying. For example, 60%, 40%, 30%. If the unit is market rate, place nothing in this column. **NOTE: If your property has Seattle Office of Housing (OH) or State Department of Community, Trade, & Economic Development (CTED) funding Part B will act as Table 1 in your annual report to OH or CTED. Enter the lowest set-aside for which the unit is qualified.**
- 10 Enter the total number of persons in the household.
- 11 Enter the Maximum Income a household could earn for 2004. These amounts are on the schedules the Commission issues each year, or use the link shown below. **In properties with multiple public funders, enter the most restrictive income for which the unit is qualified. Income limits may be found on all funder websites.**
- Commission Income Limits**
<http://www.wshfc.org/limits/map.asp>
- 12 Enter the household's **verified** gross annual income.
- 13 **(For Tax Credit Only)** (This will automatically calculate on electronic form) "Yes" means the household's income at the time of re-certification exceeds 140% of the Income Limit indicated in column 11. If income does not exceed 140% this will be blank. If a household exceeds 140% on their first re-certification, you must provide a copy of their initial move-in package and their re-certification package with your report.
- 14 Enter the square footage of the unit.
Not applicable for non-tax credit properties.
- 15 Enter the number of bedrooms in the unit. Enter "0" for Studio or SRO; 1, 2, 3, 4 or 5 Bedrooms.
In non-tax credit properties a unit may be a bed or a room. Enter "0" for Group Homes, Studio or SRO.

Part B-Table 1 Sheet Instructions

- 16** Enter the Maximum Allowable Rent that can be charged for that size unit. These are based on the rent schedules the Commission and other funders issue each year based on unit size or household size (see below). Make sure the selection is based on the same percentage (For example, 60%, 40%, 30%) as selected in column nine and unit or household size selected in columns ten or fifteen.

In properties with multiple public funders, enter the most restrictive rent for which the unit is qualified.

In non-tax credit properties, please use Commission rent limits rounded down to whole dollars (or OH limits for City of Seattle properties).

For single-family group homes look to your most restrictive program requirements.

Commission Rent Limits

<http://www.wshfc.org/limits/map.asp>

(OH Properties only) www.seattle.gov/housing

- 17** Enter the utility allowance for the unit based on the appropriate allowance from the local Public Housing Authority, Rural Development Rural Housing Service or Public Utility District. If the project owner pays **ALL** utilities, leave blank.
- 18** Enter the amount the household actually pays in rent. If the household is on rental assistance (such as Section 8), enter only the portion the household actually pays in rent.
- 19** If applicable write in the type of rental subsidy applied to this unit. For example, Section 8, HOME (Tenant Based Rental Assistance units). If none, leave blank.
- In Non-Tax Credit properties the subsidy could include Section 8, HOME (Tenant Based Rental Assistance), Shelter Plus Care, etc.

Explanation of WSHFC Special Needs Set-Asides/Commitments

Special Needs Set-Aside	Definition	Initial lease-up	Re-leases of Units	Part B/Table 1 Codes
Elderly	a. 55 or older b. 62 or older c. RHS or HUD Definition	a. Age 55, one person per household b. 62 and older only, all residents c. Elderly or Disabled per agreement	Same rules as initial lease-up	No code necessary
Disabled	One qualifying resident per Household. Disabled resident may occupy a Market rate unit. (No double counting D and L).	Disabled only	30-day rule when below threshold	(D) 10% or 20% Disabled set-aside
Large Household	3 or more BR's; 4 or more individuals, not necessarily related. (No double counting D & L.)	Large Household only	30-day rule when below threshold	(L) 10% or 20% Disabled set-aside
Farmworker	See definition on Farm Work Household Initial Certification and Farm Work Reference. http://www.wshfc.org/managers/forms-rescert-checklistorder.htm#commission Farm Work Commitment properties are required to complete a Farm Work Move-In Report. Spreadsheet is available from our website. http://www.wshfc.org/managers/forms-tc.htm#farm	Farm worker only	30-day rule when below threshold	(F) 75% or 100% Farmworker (FL) 100% Farmworker property with Large Household set-aside (FD) 100% Farmworker property with Disabled set-aside (FH) 100% Farmworker property with Homeless set-aside
Transitional	Sec 42 Code rules for Transitional. See Tax Credit Compliance Manual Glossary.	Transitional only	Transitional only	(T) 100% Transitional Building (TD) 100% Transitional property with Disabled set-aside (TL) 100% Transitional property with Large Household set-aside
Homeless	Commission's set-aside. See Tax Credit Compliance Manual Glossary.	Homeless only	Homeless only	(H) 10 or 20% Homeless set-aside

More information is available in Chapter 4 and in the glossary of the Tax Credit Manual - <http://www.wshfc.org/managers/tcmanual/>
 See the WSHFC web site for related forms - <http://www.wshfc.org/managers/formsindex.htm>

If your property does not have enough households to meet "D", "L" or "F" set-aside or commitments at end of reporting period, complete a Vacancy Report. This spreadsheet is available from our web site. <http://www.wshf87c.org/managers/forms-tc.htm#vacancy>

Table 1A HOME only Sheet Instructions

Report on each HOME-assisted unit as of December 31, 2004. Please use a numeric code for each report item.

Project Name line – Your name for the project is entered on the Project Name line. If your name for the Project has changed since you were funded or since your last report, include the old name in parentheses behind the new name.

of HOME Units per contract – Enter the total number of housing units in your project that are subsidized by the federal HOME funds.

50% and Below/Low HOME rent – Enter the number of units required by your contract to be committed to this income group. **Low HOME rent:** At least 20% of the project units (more, if specified in the contract) must have rents affordable to households with incomes at or below 50% of the area median income. Affordability is defined as a rent payment of no more than 30% of the adjusted gross monthly household income (including the utility allowance).

65% and Below/High HOME rent – If applicable, enter the number of units required by your contract to be committed to this income group. **High HOME rent:** rents which are the lesser of a Fair Market Rent (FMR) or affordable to households with incomes at 65% of the area median income. Affordability is defined as a rent payment of no more than 30% of the adjusted gross monthly household income (including the utility allowance).

The first column, labeled **Unit #**, asks for the unit number of the each HOME-assisted unit in your project.

of Bdrms, asks for the unit size by number of bedroom. **Please enter the number of bedrooms.**

Is Unit Occupied? This column asks for one of the following numeric codes:

- 1 occupied by a tenant
- 2 occupied by the owner
- 9 unit is vacant.

Tenants Before HOME asks if the current tenant was a tenant before the HOME subsidy was applied to the unit. Enter one of the following numeric codes.

- 1 yes
- 2 no

Note: If the tenant was in residence before HOME assistance was provided, then the tenant is normally protected by the Uniform Relocation Act (URA). Usually, either the rent plus utilities paid by a low income tenant may not increase from rents paid before the project was assisted, or may not exceed 30% of monthly adjusted household income.

In the next set of columns, **Monthly rent including utilities**, enter the tenant's contribution, including utilities, toward their rent in the Tenant Contrib column. The next column calls for the amount of subsidy provided to that unit for that tenant in the Rent Subsidy column. The sum of the Tenant Contrib column and the Rent Subsidy column should be the Total Rent figure entered into that column.

Table 1A HOME only Sheet Instructions

Under the **Income Data** set of columns, in the gross monthly median income column, enter the **MONTHLY** income of the tenant. In the case of tenants with sporadic income, this figure should be a monthly average based on annualized income.

Please enter the appropriate numeric code for the percentage of the local median income level that the tenant's monthly income represents in the **% of Area Median** column.

Please use one of the following numeric codes:

- 1 0 – 30 % Median
- 2 31 – 50 % Median
- 3 51 – 60 % Median
- 4 61 – 80 % of Median
- 5 over 80% Median

The ethnicity of the head of the assisted household in the unit is entered in the column **Ethnicity Head of Household**. To respond to the Ethnicity choices, **please report one of the following numeric codes:**

- 1 Yes, Hispanic or Latino
- 2 Not Hispanic or Latino

The race of the head of household is entered in the column **Race Head of Hshld**. Please select only one code per household, whichever the tenant indicates is his or her affiliation. If the tenant will not declare an affiliation, select the number that seems best based on staff observation. **Please use one of the following numeric codes.**

- 1 White
- 2 Black/African American
- 3 Asian
- 4 American Indian or Alaska Native
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native and White
- 7 Asian and White
- 8 Black or African American and White
- 9 American Indian or Alaska Native and Black or African American
- 10 Other Multi-Racial

Table 1A HOME only Sheet Instructions

Please enter the number of persons in the household in the column labeled **Size Hshld.**

In the column, **Type Hshld**, please describe the type of household by entering one of the following numeric codes:

- 1** Single-Non Elderly
- 2** Elderly
- 3** Related Single Parent
- 4** Related Parent
- 5** Other
- 9** Vacant unit

The last column, **Source of Rental Assistance**, asks for the source of rental assistance subsidy for the unit or household. **Please use of one the following codes to identify the type of assistance:**

- 1** Section 8
- 2** HOME Tenant Based Rental Assistance
- 3** Other
- 4** None
- 9** Vacant unit

Tables 2 , 2A and 3 Instructions

Instructions for Table 2: Occupant Characteristics

1 Units:

Renters - If your program provides housing for low income renters (including transitional housing projects and single family group homes), please put the number of units on the renters line. If you do not provide this type of housing enter 0.

Owners - If your program provides housing for low-income homeowners, please put the number of units on the Owners Line. If you do not provide this sort of housing opportunity, enter 0.

The sum of the two lines will be generated under the total units. **The total should equal the total number of units reported on Table 1, "Total # Units".**

2 Occupancy:

Occupied - Indicate the number of units that were occupied on 12/31/04.

Vacant – Indicate the number of units vacant on 12/31/04.

Vacant units should equal the total number of vacant units reported on Table 1, Column 7 which were reported vacant as of 12/31/04.

3 Households Served:

Family Households - Number of households with related individuals living under one roof

Individual Households Served - Number of individuals living alone or unrelated individuals living together in a group facility.

Please Note: Total Households should equal the number of households served as Reported in Table 1, Column 10. Each unique household should be counted only once.

4 Race and Ethnicity of Households Served:

(A) Race – Enter the number of head of households categorized by each race.

All household must have a race.

A household can be an individual or a family. **Total households served for question 4 should be equal to the number of households reported in #3 above.**

(B) Ethnicity is a sub set of race categories. – Enter the number of Hispanic households by each race category. Hispanic is an ethnicity category that cuts across all races.

NOTE: Make sure that you complete both race and ethnicity for each head of household. The total under race must equal the total households served.

Instructions for Table 2A. King County Funded Projects ONLY

1 Household Income:

Summarize household income from Table 1. **Only count each household's income once.** Tally under the percentage of median income for which the **household most recently qualifies.** **Total Households counted should equal the total number of households served as reported in #3 of Table 2 above.**

2 Single Parent Households:

Report the number of single-headed households by gender category. A single-headed household is a family of two or more that includes only one adult and at least one child.

3. Households Served:

Summarize the number of renter and owner households served in the project.

Total Households should equal the sum of households served as reported in #3 of Table 2 above.

Table 3 Instructions

Instructions for Table 3. Special Needs information

1 Special Needs Population:

For individuals or head of households with special needs choose the one most appropriate characteristic to report. Not all households will have a special need. If a household cannot easily be classified using one of the listed characteristics, please use the multiple special needs category and identify needs on line to right.

Please do not double count. Total Households will be less then or equal to the number of households reported under #3 of Table 2 above.

2 Homeless Households Served:

Homeless Families Households Served - Number of Family households served that were homeless.

Homeless Individual Households Served - Enter the number of homeless Individual households served.

Total Households counted should equal the total number of households served as reported in #3 of Table 2 above.

Table 4 Income & Expenses Sheet Instructions

PLEASE NOTE: Table 4 is intended to be a simple income and expense report that can tell your funders how your building is performing. It is intended to report only operational activity (not development) as a means of assessing project performance from a property management point of view. If a funder wants more detail, they can get that from building/project financials and/or audit depending on what your contract requires you to submit.

DO NOT add or change line items

Title: Enter reporting year at the title.

Actual Rental Income: Enter total amount of actual gross potential rent, less actual vacancy loss to equal actual rent charged to all tenants for the year by project. See example below:

(Assumes a 10 unit project, all rents are \$500/month)

ACTUAL GROSS POTENTIAL RENT: 10 units x \$500 x 12 months	\$60,000
LESS VACANCY LOSS: 1 month, 1 unit x \$500	(500)

EQUALS ACTUAL RENT CHARGED:	\$59,500
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Please note: Put BAD DEBT in Expenses "Other" line

Other Residential Income: Enter all other income generated by the project and deposited into the operating account. Do NOT report development funds/activity on this report. Specify source with exact amounts noted separately for each source. Use the following source choices:

- 1986 Levy O&M
- 1995 Levy O&M
- 2002 Levy O&M
- ADATSA (Alcohol Drug Abuse Treatment & Support Act)
- Agency Contribution
- City General Fund
- Damage, NSF & Late Fees, Screening Fees, Other Fees
- Fundraising/Donations
- HOPWA
- HUD Section 8—Project Based
- HUD Section 8—Tenant Based
- HUD—CDBG
- Interest Income
- King County 2060
- King County General Fund
- King County Suburban City

Laundry
McKinney—Shelter Plus Care (SPC)
McKinney—Single Room Occupancy (SRO)
McKinney—Supportive Housing Program (SHP)
Medicaid
Medicare
Other (please identify and explain)
Parking
Seattle Jobs Initiative (SJI)
Sound Families
State HB2060 O&M
State—DSHS
Transitional Housing Operating and Rental Assistance (THOR)
United Way
Weatherization/Conservation Grants

Gross Rental Income:* Add all income lines and enter the total.

Commercial Net Income: Commercial net income is calculated by adding all income generated by non-residential (retail, office etc.) space including rent, commercial reimbursables etc. and then subtracting all commercial expenses (taxes, insurance, utilities etc.) associated with the commercial lease(s).

Subsidy Income: List the specific revenue source(s) and the amounts of all subsidy income using the source choices listed above. (For example HUD Section 8—Project Based, McKinney—Shelter Plus Care (SPC), 1986 Levy O&M, see others listed above).

Effective Gross Income:* Verify calculated totals with your records. Total income should match building financial statements.

Expenses: Enter the annual operating expenses incurred by the project (not the overall organizational expenses). **Do not change line items.** If there were no expenses incurred for a specific line item such as elevator, enter \$0 or leave blank. If the project has expenses not included in the line items, please specify the expense and the dollar amount in the Other lines.

Note: Do your best to fit your expense categories into Table 4's line items. The "Other" line should be used only if there is absolutely no other place to put the expense (client case management or bad debt are examples of "Other"). Please itemize expenses.

If your project receives social service subsidy, please itemize the operating and service costs accordingly.

Projects without social service subsidy should list all expenses in the operating column.

On Site management could include salaries, benefits, training, office supplies—anything related to staff and staff management activity on-site.

Off site management could include management fees, training for property managers, bookkeeping that agency staff perform, business taxes—anything related to staff and staff management activity off-site.

Replacement Reserve and Operating Reserve line items should show only the total gross payment you made in that year out of your operating account and into your replacement reserve

and operating reserve accounts. Do **not** show net amounts of reserve account activity. Expenses paid directly out of replacement or operating reserve accounts should be reported separately on the next page (Tables 4a & b). Do **not** show on Table 4 the interest that the bank paid on your reserve accounts. That interest should show only on Tables 4a & b.

Total Expenses:* Verify calculated totals with your records. Total expenses should match building financial statements.

Net Operating Income:* This calculated field subtracts the total expenses from the total effective gross income.

Debt Service Payments: List all of the amortized debt being carried by the project and for which payments are being made. For amortized debt that is deferred, do not enter that information until payments are due and being made. For each lender, please identify the lender, the monthly payment amount, the interest rate, the period of amortization in years for the loan and the term in years of commitment for service with the property. If you have more than 2 loans, combine the total annual debt payments into the two lines provided and then attach a sheet with details of each loan

Total Debt Service:* This calculated field totals the payments made on the loans above.

Cash Flow:* This calculated field subtracts the Total Debt Service from the Net Operating Income and shows Cash Flow.

Cash Flow is the amount of cash available after all payments have been made for operating expenses and mortgage principal and interest. **If cash flow is negative, please attach an explanation and a plan that addresses the problem.**

Table 4 Income and Expenses report needs to be supported by year-end internal accounting.

* These line items have formulated cells that will calculate the totals for you.

Please Note: It is strongly recommended that the staff responsible for occupancy and collections in your projects be responsible to prepare and calculate the Occupancy and Collection Rates monthly. Be sure to set goals and celebrate success.

Occupancy Rate: Calculate Occupancy Rate by dividing occupied days by total days:

$$\frac{\text{Total Days in the period (\# days in the year x \# units) minus Vacant Days in year}}{\text{Total Days}}$$

Example:

A building with 10 units has 3,650 days (10 X 365 days a year).

4 units were vacant for 9 days each for a total of 36 vacant days (4 x 9).

3,650days-36 days=3,614 occupied days divided by 3,650 Total days=occupancy rate of 99%.

A good performance goal is to keep occupancy rates above 95%.

Collection Rate: Please note Collection Rate calculating:

Calculate Collection Rate by taking the Total Actual Rent collected during the period minus the amount collected on arrears during the same period and then dividing by the Gross Potential Rent minus the Vacancy Loss.

$$\frac{\text{Total Rent Collected - Amount of Arrears Collected}}{\text{Gross Potential Rent (GPR) - Vacancy Loss}}$$

Example: A building has 10 units with rents set at \$500 a unit. If the total rent collected for the year was \$58,000 and the amount collected on arrears was \$1,000 the numerator would be \$57,000 (\$58,000-\$1000).

The Gross Potential Rent (GPR) is \$60,000 (10 units x \$500 x 12 months) minus \$2,000 vacancy loss (assuming 4 units x \$500 x 1 month each) which makes the denominator \$58,000.

\$57,000 divided by \$58,000 = a Collection Rate of 98.3%.

A good performance goal is to keep collection rates above 97%.

Table 4 a & b Reserves Sheet Instructions

Please Note: If account activity exceeds the amount of lines available, combine similar items. Do NOT add lines.

Most capital funds contracts require that the contractor maintain a replacement reserve account and an operating reserve account for each project. Many funders require separate interest bearing accounts for replacement and operating reserves. Review your specific loan and regulatory agreements for your specific project requirements. At a minimum, these funds must be reflected in your organization's accounting system's chart of accounts and all activity with these funds must be reported annually. If your organization has not been maintaining such records, begin doing so immediately, as failure to maintain such accounts may be a violation of your contract requirements. Please refer to your contract for specific information about reserve requirements such as minimum yearly deposits, account restrictions etc.

Table 4a. Replacement Reserve Deposits and Withdrawals During Reporting Period.

Begin this table by entering the balance in the replacement reserve account at the beginning of the reporting period. This balance should be the same ending balance amount you reported on your previous year's annual report and must match with the actual bank balance in your reserve account(s). If this is a new project (or a new account) enter 0 in this column. Remember to include reserve deposits that were required as capitalized reserves at the beginning of the project. The remainder of the table is much like a checkbook register. Enter the date of an activity in the Date column. It is okay to combine similar activity in one line, but note that you are combining this activity. For example, interest deposits throughout the year can be combined on one line. Explain the reason for any withdrawals in the next column if the activity was a withdrawal. Enter the amount of the withdrawal in the next column, if appropriate.

Note: Replacement Reserves are intended to be used for scheduled capital improvements and/or replacements. It is recommended that a 20-year schedule of reserves (deposits and projected uses) be developed for every project. Track your use of replacement reserves separately from your regular expenses on the Income and Expense sheet (Table 4).

Enter reserve deposits in the 4th column. Interest earned on your reserve account can also be entered as a deposit. Running balances are calculated automatically. Your ending balance will become your beginning balance on next year's report. (Please see example provided.)

Table 4b. Operating Reserve Deposits and Withdrawals During Reporting Period. Begin this table by entering the balance in the operating reserve account at the beginning of the reporting period. This balance should be the same ending balance amount you reported on your previous year's annual report and must match with the actual bank balance in your reserve account(s). If this is a new project (or a new account) enter 0 in this column. Remember to include reserve deposits that were required as capitalized reserves at the beginning of the project. The remainder of the table is much like a checkbook register. Enter the date of an activity in the Date column. It is okay to combine similar activity in one line, but note that you are combining this activity. For example, interest deposits throughout the year can be combined on one line. Explain the reason for any withdrawals in the next column if the activity was a withdrawal. Enter the amount of the withdrawal in the next column, if appropriate.

Note: Operating Reserves are intended to be used for unexpected or unusual operating costs that exceeded the yearly operating budget. Track your use of operating reserves separately from your regular expenses on the Income and Expense sheet (Table 4).

Enter reserve deposits in the 4th column. Interest earned on your reserve account can also be entered as a deposit. Running balances are calculated automatically. Your ending balance will become your beginning balance on next year's report. (Please see example provided.)

Table 5 Checklist & Signature Sheet Instructions

The list of documents in Table 5 is not all inclusive of the documents that must be maintained in order to run a long term and effective affordable housing program. They do, however, represent many of the documents that public funders are required to review from time to time. Including these documents, when appropriate, allows the funding agency to perform a desk monitoring activity rather than taking up the time and resources of your organization in more frequent site visit monitoring activities. Some of the following documents will be submitted annually, others only if a change has occurred. Complete all boxes. If an item was submitted previously, there is nothing to report, or is "NA", make appropriate notes.

Financial statement or audit – this item should be submitted in accordance with the requirements for audit submission in your contract for this project. Over the years, audit requirements have changed, but unless your contract has been amended to reflect those changes you should be abiding by the language in your contract with us. If you have met the requirement in a prior report and are not required to enclose another this year, enter the date the audit was last submitted in the appropriate column. If you have enclosed an audit, check the appropriate column. Include notes if necessary.

Copy of current insurance certificate – this item should be submitted each year, if it is required by your contract. If your insurance extends for more than one year, include the date a copy of the current policy was submitted. Otherwise, enclose a copy and check the Check if Attached column.

Marketing materials or statement explaining approach to affirmative marketing – If your affirmative marketing plan has not changed from the previous year, and a copy was submitted previously, enter the date in the Date Submitted column and note "no changes". If a document is enclosed, check the Check if Attached column. Include copies of any marketing materials that occurred in the reporting year. This could include ads, flyers, notices, etc.

Copy of fair housing complaints and disposition – these items will be submitted for the year in which they occur. If documentation for a complaint in a previous year was submitted, enter that date, and if you are submitting documents for this year, such as the disposition of an earlier complaint, check the appropriate column. Include any notes or comments you think are appropriate.

Certification of no hazardous materials – this item should be submitted initially with your development plan, and only resubmitted as circumstances change with the project. Enter the date the form was last submitted, but use the check column if you are submitting an updated form. Include any notes or remarks as appropriate.

Description of any neighborhood complaints and outcomes – these items must be submitted for the reporting period in which they occur. Obviously, an outcome may occur in a reporting period following the reporting period in which the complaint occurred. Again, use the date column for previously submitted materials, and the check column for materials being submitted anew. Include notes and remarks as appropriate.

Copy of a tenant file – Submit a copy of a tenant file for at least one tenant who moved into the project during the reporting year. Tenant's housing application, their third party income verification confirming eligibility, and a signed lease/building rules should be submitted. This is an important element of the desk monitoring effort and failure to include this item may result in a site-monitoring visit being scheduled to verify appropriate tenant record keeping practices.

Management plans – submit this item only if changes have been made from previous versions of the project's management plan. If a plan had not been submitted, submit it now.

Changes in services – if your project is required to provide services to your tenants and changes to those services have been implemented or are being planned, submit a copy of the changes and check the check column.

Records Maintenance Checklist - See Table 6

Other Submissions – if your contract requires that you submit items in addition to those requested here, or you have agreed in some other way to provide such forms, identify them here and make the appropriate entry, including notes of remarks, as appropriate.

**Table 6 Records
Sheet Instructions**

This form is fairly self-explanatory. One or the other of the public funding agencies that require this report requires the documents listed. For example, the O&M Agreement is a document required by the City of Seattle Office of Housing, but not by the Washington State Department of Community, Trade and Economic Development. Either check yes for those documents that are on file, indicating in the Location column where the document is kept, or check No or N/A. In the case of a project outside of the City of Seattle and not funded by the City, check N/A for the O&M Agreement. If you check No, follow the instructions at the bottom of the page and explain what you are doing about the situation.